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Bib Data Sheet

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| SERIAL NUMBER 10/790,239 | FILING DATE 03/02/2004 RULE | CLASS 210 | GROUP ART UNIT 1723 | ATTORNEY DOCKET NO. 4320-561 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

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**** CONTINUING DATA ******* *AK*

This application is a CON of 10/146,934 05/17/2002
 which is a CIP of 09/889,352 07/17/2001 ; *US 6,790,360*
 which is a 371 of PCT/CA00/01359 11/15/2000
 and said 10/146,934 05/17/2002,
~~is a CIP of 09/848,012 05/03/2001 PAT 6,650,358~~
~~which claims benefit of 60/201,725 05/04/2000~~

**** FOREIGN APPLICATIONS ******* *AK*

CANADA 2,348,186 05/18/2001

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/19/2004**

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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY CANADA | SHEETS DRAWING 20 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature <i>AK</i> | Initials | | |

ADDRESS

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001059
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TITLE
 Immersed membrane apparatus

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|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED 986 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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